Surgical Infection Society
Thirty Ninth Annual Meeting

Loews Coronado Bay Resort, CA, USA
June 5 - 8, 2019

Meeting Registration Form

Three Easy Ways to Register!

SIS Tax ID# 31-0987252

Online: sisna.org **Fax:** 631-368-4466 **Mail:** Surgical Infection Society, P.O. Box 1278, East Northport, NY 11731

Name_____
First MI Last Degree

Institution/Company Affiliation_____

Address_____

City_____State_____Zip_____Country_____

Phone_____Fax_____

Email_____ Twitter Handle _____

Registration Fee (payable in U.S. Funds)

Status	On or Before April 22, 2019	After April 22, 2019	
____Member			
SIS___SIS-E___SHOCK___	$550.00	$600.00	$_____
____Resident	$425.00	$475.00	$_____
____Fellow	$425.00	$475.00	$_____
____Medical Student	$425.00	$475.00	$_____
____Non-Member	$650.00	$700.00	$_____
____Spouse/Guest	$100.00	$100.00	$_____

Spouse/Guest Name_____

All attendees and guests must register and wear badges to attend meeting and social functions. Registration fee includes Welcome Reception - Thursday, June 6, 2019, Combined SIS/Shock Reception - Saturday, June 8, 2019 and Annual Banquet, Saturday, June 8, 2019.

Plan to attend: Welcome Reception: Yes___ No___ Combined SIS/Shock Reception: Yes___ No___ Annual Banquet: Yes___ No___

Total Enclosed.....$_____

If you have a dietary requirement, please specify_____

_____Please check if you require ADA accommodations and a staff member will contact you.

_____ACS Member. If so, ACS Member #_____

Payment Information

____Check: Made payable to The Surgical Infection Society _____Visa _____MasterCard

Credit Card Number_____ Exp. Date_____CSC _____ Cardholder Signature:_____

Cancellations: Written notification of cancellation must be received by May 5, 2019. A $50.00 administrative fee will be retained for all cancellations. Refunds will not be given after May 5, 2019.